APPLICATION FORM FOR CEDAR COUNTY BOARD/COMMISSION

PLEASE RETURN TO:

Cedar County Board of Supervisors, 400 Cedar Street, Tipton, Iowa 52772-1748 Phone: 563-886-3168 Fax: 563-886-3339 Email: bos@cedarcounty.org

Date:	Email Address:
Name:	
Address:	
Phone Number:	Fax Number:
Application For:	Fax Number: (Board/Commission)
Place of employment (and/o may qualify you for this pos	r activities such as hobbies, volunteer work, etc. that you feel sition):
	assist the Board of Supervisors in its selection; however, it is nis information to be eligible for consideration.
How much time will	you be willing to devote to this committee?
Reason for applying?	?
Contributions you fe	el you can make to the Board/Commission:
Directions/role you p	perceive of this Board/Commission:
In lieu of/in addition the Board of Supervi	to the above, do you have any comments to add that may assististists in its selection?

YOUR APPLICATION WILL BE RETAINED IN OUR FILES FOR ONE YEAR. THIS APPLICATION IS A PUBLIC DOCUMENT AND AS SUCH CAN BE REPRODUCED AND DISTRIBUTED FOR THE PUBLIC.